FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

a. Royal Judith A. Royal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # J94676** ROYAL AMERICAN BUILDERS, INC. 04-14-2001 90024 033 \*\*\*158.75 Principal Place of Business Mailing Address 2701 CLEVELAND AVENUE 2701 CLEVELAND AVENUE **SUITE 2** SUITE 2 FT. MYERS FL 33901 FT. MYERS FL 33901 2. Principal Place of Business 3. Mailing Address 2701 Cleveland Ave. 2701 Cleveland Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0013402 Ft. Myers, Fla Not Applicable Myers. Fla Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33901 US Fee Required -- --33901 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Judith A. Royal Street Address (P.O. Box Number is Not Acceptable) 2701 Cleveland Ave. ROYAL, DAN JR. 2701 CLEVELAND AVENUE FT. MYERS FL 33901 Ft. Myers, Fla. Zip Code Myers 33901 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVST** CR2E034 (10/00) 🔀 Change Delete De TITLE TITLE DAN, ROYAL JR Judith A. Royal NAME NAME 2701 Cleveland Ave. STREET ADDRESS 36 LAGOON ST STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33903 CITY-ST-ZIP Ft. Myers, Florida 33901 🔀 Delete TITLÉ TITLE ☐ Change DAN, ROYAL JR NAME NAME 36 LAGOON ST STREET ADDRESS STREET ADDRESS FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete · ☐ Change--- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if